# HEADQUARTERS UNITED STATES ARMY FORCES IN THE FAR FAST OFFICE OF CHIEF SURGEON

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### OFFICIAL NEUROPSYCHIATRIC NOMENCLATURE

1. The following information concerning the diagnosis of psychoneurosis and certain other neuropsychiatric conditions is published for the guidance of hospital registrars, medical officers and others dealing with official records.

# 2. Use of term "psychoneurosis".

a. War Department Circular No. 81, Sec. III, paragraph 26, dated 13 March 1945, is quoted as follows: "The verious types of psychoneurosis such as anxiety state, conversion hysteria, etc., are sufficiently well defined to justify their use without being prefaced by the term 'psychoneurosis'. This term will, therefore, no longer be used on individual clinical records. Instead, the particular type or types of psychoneuroses and the severity will be recorded as the diagnosis. In every case this will be followed by a statement of the degree and nature of the external stress which has precipitated the disorder and an estimate of the extent of the individual's predisposition".

b. It will be noted that the above statement refers specifically to clinical records only and not to medical records, (EMT and EMR). AR 40-1025, par. 35, makes a distinction between individual medical records and clinical records. The clinical records (see AR 40-1025, Sec XII, par. 127a and Sec. XIII par. 133b), include AGO Forms 8-33 to 8-91 or old MD Forms of the 55 series. The official nomenclature in AR 40-1025 lists the various types of psychoneurotic disorders under the general term "psychoneurosis" and therefore, this term will still be used on all medical records as opposed to clinical records. Thus, in a given case the diagnosis on the individual clinical record might be "Anxiety, severe. Stress, moderate, combat, rifleman. Predisposition, moderate", while on medical records, for example the Field Medical Record (AGO Form 8-27, old MD Form 52c), the same case would be recorded as, "Psychoneurosis, anxiety, severe".

# 3. Additional Neuropsychiatric Terms

a. The neuropsychiatric diagnoses listed in AR 40-1025 do not include a number of commonly used terms. Attention is directed to Sec. IV, par 76, from which the following is quoted: "The diagnostic terms for diseases as listed in paragraph 78 will be used as far as possible. Whenever the appropriate term cannot be found in the given list, the disease will be recorded in standard terminology accepted by the medical profession, preferably as given in 'Standard Nomenclature of Disease and Standard Nomenclature of Operations', published by the American Medical Association.

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b. The following psychiatric terms additional to those included in AR 40-1025 are considered acceptable for use in the theater:

- (1) Exhaustion (temporary for use in active combat area)
- (2) Operational fatigue (temporary for use in flying personnel)
- (3) Psychosis with cerebral arteriolosclerosis.
- (4) Psychosis with disease of the brain or nervous system (specify)
- (5) Psychosis due to a drug or other exogenous toxins (specify)
- (6) Psychosis with somatic disease (specify)
- (7) Psychosis, undiagnosed
- (8) Situational Reaction

# 4. Symptomatic Diagnosas

In accordance with the provisions of AR 40-1025, Sec. IV, per. 77a, manifestations and symptoms of a pathological lesion or of a general affection will be recorded as a separate diagnosis only when no definite diagnosis can be made. Under this provision it is acceptable to make the diagnosis of "Headache" in a case in which the underlying pathological condition cannot be determined yet the patient complains of headache following an alleged head trauma.

#### 5. Ill defined conditions

The following is quoted from AR 40-1025, par. 77c: "In exceptional cases, when a condition necessitating admission is so ill-defined as not to permit a definite diagnosis, the case will be recorded as an 'ill-defined condition', specifying the body system which appears to be affected and the important manifestations or symptoms of the condition". The systems specified will be "nervous system", or "personality" in neuropsychiatric cases depending upon whether the condition is organic or functional. This paragraph further requires that the expression, "No disease", will not be used in these cases.

GUY B. DENIT

Brigadier General, United States Army
Theater Surgeon

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